



Virginia Department of Emergency Management
Request for ID Card

PLEASE PRINT

CARDHOLDER

First Name: _____

Middle Initial: _____

Last Name: _____

ID

Birth Month: _____

Birth Day: _____

Last 4 Digits of SSN: _____

ADDRESS (VDEM Employees provide home address and all others provide business address.)

Suite: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

State Agency: _____

If you are a contractor, please state the name of company you
represent: _____



COMMONWEALTH of VIRGINIA
Department of Emergency Management

MICHAEL M. CLINE
State Coordinator

BRETT A. BURDICK
Deputy Coordinator

10501 Trade Court
Richmond, Virginia 23236-3713
(804) 897-6500
(TDD) 674-2417
FAX (804) 897-6506

IDENTIFICATION CARDS

This is to certify that the Virginia Department of Emergency Management has issued me one identification card. I understand that upon my termination of employment this identification card must be returned to the Human Resources Office. If my ID card is lost or stolen, I will be required to pay a \$10 replacement fee by check or money order made out to the Treasurer of Virginia.

PRINT NAME

SIGNATURE

DATE